

DECLARATION AND POWERS OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

APPLIANCE WITH AN IC CARD READER AND OVERLOAD PROTECTION

the specification of which was filed on August 08, 2003 as Application Serial No. PCT/EP 2003/008877

and was amended on _____, or, if not identified here by filing date and serial number, is attached hereto.

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 USC 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate by me or my representatives or assigns for this invention having a filing date before that of the application on which priority is claimed.

Application No. 02292063.1 in EP on August 21, 2002 priority claimed ☒ Yes ☐ No

Application No. _____ in _____ on _____ priority claimed ☐ Yes ☐ No

Application No. _____ in _____ on _____ priority claimed ☐ Yes ☐ No

I hereby claim the benefit under 35 USC 119(e) of any United States provisional application(s) as listed below.

Application No. _____ Filed _____

Application No. _____ Filed _____

I hereby claim the benefit under 35 USC 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC 112, I acknowledge the duty to disclose material information as defined in 37 CFR 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application

Serial No. _____ Filed _____ ☐ patented ☐ pending ☐ abandoned

Serial No. _____ Filed _____ ☐ patented ☐ pending ☐ abandoned

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint, individually and collectively, the following as my/our attorney or agent with full power of substitution and revocation, to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith:

<u>Joseph S. Tripoli</u>	Registration No. <u>26,040</u>	and
<u>Joseph J. Laks</u>	Registration No. <u>27,914</u>	and
<u>Harvey D. Fried</u>	Registration No. <u>28,298</u>	and
<u>Ronald H. Kurdyla</u>	Registration No. <u>26,932</u>	and
<u>Robert D. Shedd</u>	Registration No. <u>36,269</u>	and
<u>Vincent E. Duffy</u>	Registration No. <u>39,964</u>	

PLEASE ADDRESS ALL
COMMUNICATIONS TO:

JOSEPH S. TRIPOLI
PATENT OPERATIONS
THOMSON LICENSING INC.
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Sole or Joint Inventor (1)	<u>Jean-Pierre Bertin</u>	(Signature in Full. No initials.)
	(Type or Print)	
Citizenship	<u>FR</u>	Date
Post Office Address	<u>31bis Boulevard de Courcelles</u>	
Residence	<u>F-44290 Guemene-Penfao, France</u> <u>FRX</u>	

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Jean Pierre Bertin
Title	Appliance with an IC Card Reader and
Art Unit	Overload Protection
Examiner Name	
Attorney Docket Number	PF020103

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

24498

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

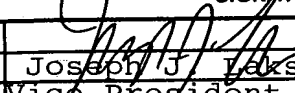
<input checked="" type="checkbox"/> Firm or Individual Name	Thomson Licensing Inc.				
Address	Patent Operations, P.O. Box 5312				
City	Princeton	State	NJ	Zip	08543-5312
Country	USA				
Telephone	609-734-6819	Fax	609-734-6888		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	2/16/05
Name	Joseph J. Vaks, Reg. No. 27,914	Telephone	609-734-6819
Title and Company	Vice President, Thomson Licensing Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**POWER OF ATTORNEY
THOMSON LICENSING S.A.**

We,

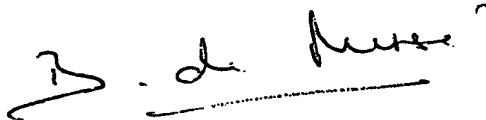
THOMSON Licensing S.A..
46, Quai A. Le Gallo
F-92100 Boulogne-Billancourt
France

do hereby grant

Joseph S. Tripoli
Senior Vice President
Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from March 11, 2003.

DATED this 15 day of March, in the year 2004.



SIGNED

BEST AVAILABLE COPY

POWER OF ATTORNEY
THOMSON LICENSING S.A.

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Joseph J. Laks - Vice President
Irwin M. Krittman - Vice President
Harvey D. Fried - Manager
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Robert D. Shedd - Manager

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DATED this 17th day of March, 2004.

SIGNED


Joseph S. Tripoli
Sr. Vice President
Thomson Licensing Inc. and
Attorney In Fact for
THOMSON Licensing S.A.

WITNESS

David Fournier

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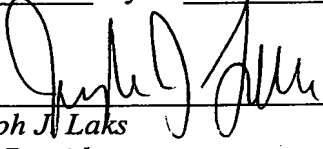
does hereby grant

Christine Johnson
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a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from March 11, 2003.

DATED this 17 day of March, 2004.

SIGNED



Joseph J. Laks
Vice President
Thomson Licensing Inc. and
Attorney In Fact for
THOMSON Licensing S.A.

WITNESS

David Fourniotto